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YEARLY SUBSCRIPTION, \$1 IN ADVANCE.

Vol. 9.

DECEMBER, 1887.

No. 12.

B212748 A

THE

# Southern Practitioner,

AN INDEPENDENT MONTHLY JOURNAL,

DEVOTED TO MEDICINE AND SURGERY.

NASHVILLE, TENNESSEE.

## EDITORS

DEERING J. ROBERTS, M. D. . . . . DUNCAN EVE, M. D.

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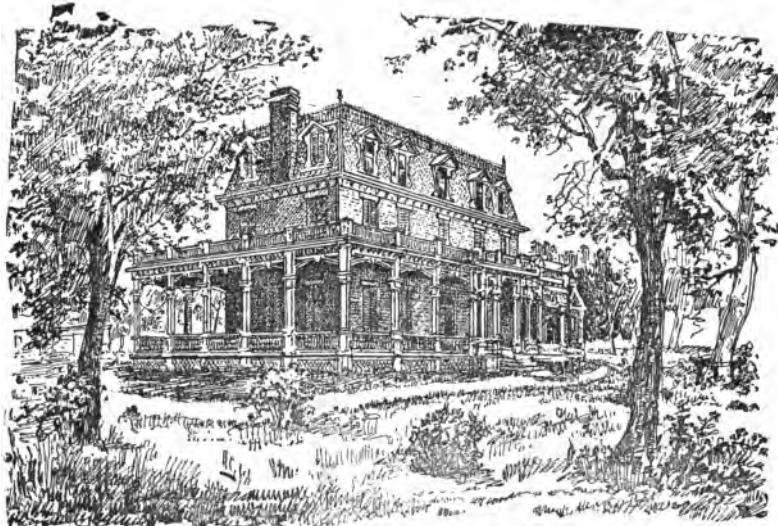
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(Signed) T. P. SATERWHITE.

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(Signed) COLEMAN ROGERS, M.D.

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## ESTIMATION OF DIASTASE.

For carefully making this, have 1  $\frac{1}{2}$  oz. an uniform 2-oz. vials filled with distilled water, and two drops Iodine Solution prepared from 2 grams Iodine, 4 grams Iodide of Potassium and 250 grams water, a good thermometer and starch mucilage. To prepare the mucilage, 10 grams starch are stirred with 30 grams water and purified into 25 or 150 grams boiling water. The thermometer is then introduced and the temperature allowed to cool to 1-0° F. and maintained so by the water bath. Ten grams extract of malt dissolved in 10cc. water are then stirred into the mucilage, the time being accurately noted. After one minute a good extract will have converted the thick mucilage into a thin liquid. As soon as this change has taken place it is necessary to examine the progress of the conversion of starch into soluble starch, dextrin and sugar at the end of every minute, by the following method:

After the expiration of the first minute, transfer two drops, by means of a glass rod, into one of the 2-oz. bottles. The bottle is shaken and placed near a window. At the end of every minute repeat this manipulation with a new bottle until the coloration is no longer produced. The time necessary for effecting this change gives the indication as to the amount of diastase present. Undecomposed starch mucilage gives a greenish blue color and after standing some time a blue precipitate. Soluble starch, the first product of the change, yields with Iodine, a dark blue solution without a precipitate. If the amount of soluble starch equals that of dextrin and sugar, the color of the solution will be purple. As the soluble starch disappears, the solution will be a decided red color if dextrin predominates, or faintly red if the sugar be in excess; and colorless. This experiment is very interesting and is simple to perform.

For convenient methods for the estimation of solid matter and water, dextrin, sugar, etc., and determination of albuminates and free acid, refer to *American Journal of Pharmacy*.

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Vol. 9.

NASHVILLE, DECEMBER, 1887.

No. 12.

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## *Original Communications.*

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### CLINICAL LECTURE—PLACENTA PRÆVIA.

---

BY WILLIAM D. HAGGARD, M. D., NASHVILLE, TENN.

*Professor of Gynaecology and Diseases of Children in the Medical Department of the University of Tennessee.*

---

REPORTED BY J. S. WHITE, M. D., CITY HOSPITAL INTERNE.

---

TO THE EDITOR OF THE SOUTHERN PRACTITIONER:

(MY DEAR DOCTOR: At the commencement of my service as Gynaecologist to the city hospital in Nov. 1886, I determined to make the clinical material at my disposal available for others, by keeping a record of the most important and interesting cases, which should serve as a basis for a report of each case, or for a clinical lecture, in which should be interwoven such practical hints to the class of medical students in attendance, as might naturally suggest themselves, by way of illustrating my own views of the manifold diseases which are found in all well-conducted hospitals. The cases which I shall report and the clinical lectures I shall deliver represent faithfully the difficulties, anxieties, successes and disappointments inseparable from these arduous and responsible duties. The clinical remarks represent succinctly and fully

my views of practice, and are open to criticism. While available, therefore, to the students attending the State University, I desire in grateful recognition of the benefits I have derived from the recorded experience of others, to give especially to the younger class of practitioners, the benefit of my own hospital experience as as a debt due to the profession.—W. D. H.)

**GENTLEMEN:** The patient before you was admitted to the obstetrical ward of the hospital a day or two ago, on account of haemorrhage. One of the internes, Dr. J. S. White, informed me, that after a careful examination of her condition he finds she has placenta prævia.

We will now endeavor to obtain her clinical history from her own lips: "Will you tell me how many children you have had?" "Six sir." "Did you ever have any haemorrhage while carrying your other children?" "No sir." "How far are you advanced in pregnancy?" "I expect to be confined about the last of this month." "You have reached about the eighth month of pregnancy then?" "Yes sir." "When did you have the first haemorrhage?" "About four weeks ago." "How many have you had since?" "Three." "Did you lose much blood?" "A good deal, sir, especially the last."

Now, gentlemen, you have her clinical history, and a sad one it is, because it involves the problem of life or death, not only to the mother, but to the unborn child which she bears.

Fortunately she is now situated where she can obtain assistance at any moment required, which renders her situation much less perilous.

The idea entertained by the ancients was that the placenta was originally attached at the fundus of the womb in all cases, and that in placenta prævia it fell down and occupied the lower segment of the womb, after it had been entirely separated from its site at the fundus.

Portal, who figured about the year 1664, was the first, so far as I know, who distinctly described the placenta as implanted by nature over the os uteri.

Notwithstanding, Gifford, Röderer, and Levert, all adopted the same opinion. The profession was slow to accept this new

dogma, and it was not until Smellie's practical and valuable contribution to obstetrics became well known, that the truth was generally received by the profession.

Even after the publication of this work, little consideration seems to have been given the subject, until about the year 1775, when Rigby's admirable essay on this subject, in which he divided haemorrhages occurring in the last three months of gestation into "unavoidable," and "accidental," was published.

Placenta *prævia*, by which we mean an abnormal or faulty attachment of the placenta, implies that the placenta, instead of being attached at its usual site, occupies the lower segment of the uterus, and is designated *placenta centralis*, when it occupies the entire circumference of the cervix; and *placenta lateralis* when it is adhered to only a portion of the cervix. When the placenta grows wholly or in part within the cervical zone, its relation to the uterine wall at the point of attachment is liable to be disturbed.

At any time during the last three months of gestation haemorrhage from this cause is apt to take place. Haemorrhage may come without warning, by a smart flooding of florid blood. It often occurs at night when the patient is asleep. Sometimes when she is out of doors, or away from home. Sometimes it occurs after manual exertion, or under strange emotions as fright, anger, etc. The bleeding usually subsides and the patient is reprieved for a time. The seventh and eighth months constitute the most critical epochs.

The detachment may take place gradually, as the lower segment of the uterus expands in the latter months of pregnancy, or suddenly, when the mechanism of the first stage of labor tears asunder more and more, at each uterine contraction, which effects dilatation of the os. In either case the term unavoidable, as originally applied by Rigby, is in the strictest sense correct. As it is impossible for the circumference of the os to equal the circumference of the child's head, without tearing asunder the utero-placental vessels to a degree that must bring on a haemorrhage of the most alarming description.

Nægele says, "That there is no error in nature to be compared to this, for the very action which she uses to bring the child into

the world is that by which she destroys both it and the mother."

The causes of placental presentation are not well established. The hypertrophied and tumid condition in which the mucous membrane is found during menstruation, throwing it into convolutions or folds, is well calculated to arrest the fertilized ovum, which by reason of its fertilization has already attained a high degree of vitality, and is ready to adhere to the mucous membrane whenever the arrest may occur, sufficiently long to establish a connection from which it is to derive its pabulum in future. If, however, the fertilization of the ovum does not occur, as is doubtless exceptionally the case, until the ovum reaches the lower segment or cervical zone of the uterus, it attaches to whatever surface presents, and then goes through the physiological changes necessary to the formation and development of the embryo. The development of the ovum in the fallopian tube, and in the abdominal cavity, tend to show that contact with that portion of the mucous membrane intended for its reception, is by no means essential to its growth. Reasoning then from analogy, we are entitled to assume that a fertilized ovum may attach itself to the mucous surface lining the cervical zone, if its descent occur later than usual, and after the convolutions of the mucous membrane have mainly disappeared.

Again, there is nothing extravagant in the assumption that an ovum may, contrary to the usual course, because fertilized after passing out of the fallopian tube, meeting the spermatozoa low down in the uterine cavity—for example, when no sexual intercourse occurs for some time after menstruation.

You will remember I told you that Rigby divided ante-partum haemorrhage into "unavoidable" and "accidental." I would fail to do my whole duty if I did not point out the essential differences in the forms of haemorrhage, since there is a most important clinical distinction between the two. The nearer the full time of utero-gestation, the more feeble the attachment between the uterus and the placenta. In accidental haemorrhage the placenta is attached at its normal site; but owing to the anatomical relations being more feeble, separation either from some accidental cause, as a knock or a blow on the abdomen, or from a patholog-

ical condition, such as fatty degeneration of the placenta or constitutional depravity may occur.

The separation usually begins it is said, near the center of the placental attachment, and extends toward the periphery. When this is the case, the blood accumulates in large quantities between the uterine wall and the placenta, producing fatal syncope, before the obstetrician is aware of the trouble. This is called concealed, accidental haemorrhage.

To you then, young gentlemen, this is even more important than the haemorrhage from placenta prævia. In the one you are fighting an open enemy, in the other your enemy is concealed. In the one the blood flows from the vulva, in the other it is pent up in the uterus. It is always safer to fight an open, than a concealed enemy. Accidental haemorrhage is, however, generally open, as is placenta prævia. Now listen, and I will tell you how to differentiate between the two, even without a digital examination. Remember that in accidental haemorrhage the placenta occupies its usual site; therefore, when the uterus contracts the placenta is compressed between its wall and the foetus, and hence no haemorrhage occurs during the pain. When the pains cease the bleeding begins.

In placenta prævia the attachment is at or near the cervix; hence, when the uterus contracts, the open mouth, of the utero-placental vessels are open, and thus bleeding occurs during the pain. If you are still in doubt, a digital examination will impart to the sense of touch, a soft, boggy feel, produced by contact of the finger with the placental mass.

In either case, and indeed in all cases of haemorrhage before delivery, please remember the haemorrhage proceeds from the open mouths of the utero-placental vessels, as the result of a separation of a portion of the placenta from the uterine wall, and just in proportion to the extent of the separation will the bleeding follow.

It has been the practice from time immemorial, in all cases of haemorrhages of a serious character, occurring during pregnancy, to empty the uterus of its contents. Prior to the days of Gifford and Portal the practice was purely empirical; but since it was es-

tailed that the placenta, in all cases of unavoidable hæmorrhages, is attached at or near the os internum, the practice has been based on scientific principles.

Levert and Rigby taught that nominal extraction of the foetus by the feet, was absolutely necessary to save the life of the mother.

Almost all subsequent authorities concurred in accepting the doctrine, and in adopting the practice of Levert and Rigby.

Denman says: "It is a practice established by high and multiplied authority, and sanctioned by Luens, to deliver a woman by art, in all cases of dangerous hæmorrhage, without confiding to the resources of the constitution. This practice is no longer a matter of partial opinion, on the propriety of which we may think ourselves *at liberty* to debate; it has for nearly two centuries met the consent and approbation of every practitioner of judgment and reputation in this and every other country."

Churchill says: "The flooding is the necessary consequence of the dilatation of the os utero, by which the connection between the placenta and uterus is separated, and the more the labor advances the greater the disruption, and the more excessive the hæmorrhage."

Barnes says: "Pain, that is contraction, is the thing wanted, but if it comes it brings danger with it. Expansion of the cervix uteri is a necessary condition of labor, but the cervix can not expand without causing more hæmorrhage! Nature is utterly at fault. She is condemned without appeal. Art must take her place."

[TO BE CONCLUDED IN OUR JANUARY NUMBER.—ED.]

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## ERYSIPelas.

BY DEERING J. ROBERTS, M. D., OF NASHVILLE, TENN.

FROM time immemorial this morbid condition has claimed alike the attention of the surgeon and the general practitioner; and from its so frequent occurrence during the progress of a traumatism, either accidental or the result of the most skilled operator's knife, is of no little importance to the devotee of the most select specialty.

In the latest and revised edition of Dunglison, we find very little, if any, material difference; merely speaking of the "surface being smooth and shining as if oiled: *Erysipelas Glabrum*; and when superficial and tending to spread" designating it as "*erysipelas erraticum*."

Thomas' dictionary, edition of 1887, defines it briefly as "Redness or inflammation of the skin, with fever, inflammatory or typhoid, and, generally, vesications on the affected part and symptomatic fever."

Dr. James Nevins Hyde, in Pepper's System of Medicine, defines erysipelas as "an acute disorder, characterized by the systemic symptoms common to the febrile state, and by an involvement of the integument and deeper parts, the affected surface being tumid, hot, reddened, painful, and often the seat of well-defined bullæ, the process terminating either in complete resolution after cutaneous desquamation, or in a fatal result commonly due to complications of the malady." He further says that it "is properly regarded as one of the acute infectious diseases, but not to be assigned to the category of the exanthemata;" giving very satisfactory reasons therefor.

Prof. Alfred L. Loomis, M. D., in his Practical Text-Book, regards it as "an acute constitutional disease with local manifestations, which are first developed in most cases about wounds, but may appear primarily in previously healthy parts." He further says that, "although it can not be stated with certainty that it is *never* idiopathic in its genesis, its unquestionably contagious nature, when once developed, from whatever source it may have arisen, leads him to class it under infectious diseases, and to consider it a connecting link between the general and local affections."

Strümpel, of Leipsic, in his Text-Book, considers it "an inflammation of the skin, excited by the presence of a specific, pathogenetic micrococcus, and recognized by redness, swelling and pain. Having the peculiarity of spreading gradually, by direct extension, from its point of origin over a larger or smaller area." He recognizes two varieties—an idiopathic, or exanthematic, and a traumatic. The latter he says, "may follow any cutaneous wound, if it be infected with the specific virus of erysipelas."

Prof. Ernst Zeigler, of Tubingen, in his Text-book on Pathological Anatomy, states that "Erysipelas is an acute inflammation of the integument, depending upon traumatic infection, it takes the form of gradually extending redness and swelling, accompanied by a certain degree of fever." \* \* \* \* \* He includes in his description of the disease, not only the light or superficial variety, terminating in resolution, the epidermis being thrown off in scales or flakes, but also *erysipelas vesiculosum*

or *bullosum*, *erysipelas pustulosum*, *erysipelas crustosum* and *erysipelas gangrenosum*.

He further, very positively says, that "the originating cause of erysipelas is to be sought in an invasion of micrococci, which gain entrance at some wounded part of the skin. They proceed to multiply within the lymphatics, and at length completely fill them. From the lymphatics they pass into the connective tissue, where they form coherent masses or chaplets. The tissue around these colonies become necrotic, and presently inflammatory reaction is set up." He made, in 1881, inoculative experiments on rabbits with cultivated micrococci, but they all led to fatal results. In 1882, Fehleisen, while confirming Zeigler's results, was able to preserve the animals, and to watch the process of repair in its tissues to perfect recovery. He cultivated the micrococci "purely" on gelatine, impregnated with peptonized meat infusion, and effected a successful inoculation in the human subject with micrococci of the fourth artificially-cultivated generation; perfectly typical erysipelas being developed. Again in 1883, Fehleisen took pieces of erysipelatous skin, previously purified, and placed them on peptonized gelatine, obtaining a growth of micrococci, which he cultivated through thirty generations in two months; he then inoculated eight patients, and seven developed typical erysipelas.

With this compilation of the views of these distinguished pathologists, as to what the disease really is, we will state our belief in that it is a disease produced by a specific germ, requiring for its development a traumatism, or that condition of the animal tissue, in which more or less of the blood is in an allied or similar condition to that found in the immediate vicinity of a recent wound. In the process of repair of a recent wound, the blood in its immediate vicinity becomes a fertile nidus, a suitable soil for the development of the specific micrococcus of the disease. The extent, degree or severity of the wound, having no relation to the resulting character of the disease, or being more prone for its development. It may be but a "little lump" but the specific leaven "soon leaveneth the greater mass of the blood." The blood must likewise be in a specific condition,

whether as a result of a traumatism or other occult or unknown causes; otherwise, the specific germs fall upon sterile soil and perish. While admitting the possibility of so-called idiopathic cases, we rather feel disposed to accept the opinion of Zeigler, that the micrococci gain entrance at some wounded part—not limiting it to the skin, as he does, but taking in a wider range, and limit their entrance to some wounded part of the body, or an allied condition. A careful investigation of quite a number of cases during the late civil war, subsequently in general practice, and more recently during four years service as surgeon to the Tennessee State Prison Hospital, we have in every instance been able to trace the initial lesion of the disease as the result of a true traumatism. The female during her puerperium, nor the newly-born infant are to be excluded. In the former, the endometrium, the lacerations, possibly minute and unnoticeable, of the genitalia, or an imperceptible abrasion of the cutaneous surface produced during the throes of labor; in the latter, the umbilicus, the contact of irritating discharges, or other substances, with the mucous membrane of the anus or other orifices, the very delicate and tender cutaneous investment, previously protected by the liquor amni, from even the smooth uterine walls, now in contact with hardened seams of woolen, cotton, or linen garments, or even a pin scratch, give us one of the necessary factors of a suitable soil, and the specific germs constitute the other.

The late illustrious Austin Flint, in his posthumous edition of his grand Text-Book, says that, "The micrococcus of erysipelas is a streptococcus, which can be cultivated in nutrient gelatine. Inoculation of its pure cultures in man and animals causes erysipelas."

We have offered no quotations from the standard surgical text-books, but the following brief extracts may not be out of place:

Frank Hamilton in his Principles and Practice of Surgery, third edition, 1886, says that "It is probable that the existence of erysipelatous inflammation implies always a blood-poisoning, or at least some morbid condition of the circulatory fluids."

John Ashurst, Jr., M. D., Principles and Practice of Surgery,

fourth edition, 1885, says that "The principal *exciting* causes of erysipelas are epidemic influence, contagion, and the presence of a wound."

Thomas Bryant, in his *Manual for the Practice of Surgery*, third American edition, 1881, says that "Erysipelas is a specific disease due to the pressure of some blood poison that has probably been introduced from without."

"Erichsen, in his *Science and Art of surgery*, eighth edition, 1884, after quoting from Fehleisen's report to the Congress of German Surgeon's, in 1882, says that "It may be said, therefore, to be almost proved to demonstration that either directly or indirectly the micrococci are the cause of the specific inflammation. These observations explain also the infectious and inoculable nature of erysipelas."

In Druitt's *Surgeon's Vade-Mecum*, edited by Stanley Boyd, twelfth edition, 1887, we find cutaneous erysipelas defined as "An infective febrile capillary lymphangitis, due to the presence in the lymphatics of certain micrococci," and under the sub-head of Pathology, "It is doubtful whether the coccus can enter otherwise than by a wound."

Apprehensive that this article is already becoming too long, we shall not increase its length with any thing in regard to symptoms, clinical history, diagnosis<sup>1</sup> or prognosis. Any of the stand-

<sup>1</sup>On the subject of diagnosis, the following incident may not be mal-apropos, which we give from memory as near as we can, although it has appeared in print. It has been related in our presence on more than one occasion by its illustrious author, one of the ablest general practitioners, and most original thinkers, the South has ever added to her brilliant galaxy of great medical men. "I first commenced practice," said he, "at a country cross-roads in Kentucky; my office, which also served as my bed-room, sitting-room, parlor, and library, being a single-roomed, one-story log cabin, in one of the angles of the bi-secting roads, over the door of which, I had displayed, in the highest style of the painters' art, in large gilt letters, *W. K. Bowling, M. D., Physician and Surgeon*. One hot June day, while meditating in lonely solitude, with one of the time-honored text-books of that day on my knees, my white oak chair reclining in the most eligible position against the wall adapted to ease and comfort, I heard the clattering of galloping hoofs, rapidly approaching my unpretentious abode. With almost breathless anxiety, aroused by the unexpected disturbance of quietude, I wondered, with the 'wish father to the thought,' 'Could it possibly be some one in need of my services?'

ard text-books on medicine or surgery, issued at any time during the last half century, may be referred to, as each and all of them have fully considered these points, if they are not matters of familiarity to our readers. Therefore we shall, in conclusion, give our ideas briefly in regard to

#### TREATMENT.

The administration of tr. ferri chloridi, first suggested by Hamilton Bell, of Edinburgh, is still regarded as more or less beneficial by most practitioners, medical and surgical. We feel confident that it is one of the most important adjuvants in conducting the disease to a successful termination. In many cases, where it is claimed that no good has resulted from it, possibly

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"To my great and most agreeable surprise, the galloping steed was brought to a sudden halt in front of my door—the brief succeeding silence, quickly interrupted by a 'Hello! in thar!' Assuming all the dignity possible in my startled and hopefully expectant condition, I walked to the door, and on looking out, I beheld astride a burr-maned and burr-tailed filly, decorated with a grape-vine halter, a tall, lank, youth, barefooted, his sole garments being a pair of jeans pants with one suspender, a cottonade shirt, and a nearly brimless hat, through the dilapidated crown of which appeared a lock of tow colored hair. On my appearance I received the following salutation:

"Mawnin."

"Good morning, sir," I replied in my most gently modulated tones.

"Be you Mister W. K. Bowlin, M. D., Physician and Surging?" quoth he.

"I have that honor, my dear sir."

"Come here."

Approaching him, as near as I dared, on account of his skittish steed, he pushed out to me, almost in my very face, his left foot, which from my standpoint evidently needed soap and water, if nothing else.

"What's that?" he said.

"Upon looking at his foot, I thought that I could distinguish on its dorsum, through the accumulation of his cutaneous secretions and Kentucky mud, a slight degree of redness and swelling. On placing the tips of my fingers, as delicately as possible on it, I thought it felt somewhat hot."

"Does it hurt you? I enquired. To which on receiving an affirmative answer, with all the accustomed dignity I could bring to my aid, I replied:

"That, sir, is erysipelas."

"'Ery-hell' he said, 'why that's a wasp sting,' and with a 'good mawnin, Mister W. K. Bowlin, M. D., Physician and Surging,' he galloped back the road he had come, leaving me to my meditating solitude, without 'fee or reward,' and such was the beginning and ending of my first office consultation."

the amount administered has been insufficient. We generally commence with at least f. 3ss, or more. Occasionally in very severe cases, at the outset, have used as much as f3j.; repeated every three or four hours; keeping it up in full doses so long as tolerated, or the disease continues to advance. We have felt less hesitation in the use of full doses since seeing a statement some years since from J. Matthews Duncan, of the Dublin Maternity Hospital, recommending its use in one and two fluid drachm doses, at similar intervals, in cases of acute puerperal lesions. Furthermore, we think our treatment has been more satisfactory since using it with a more liberal hand. The old and oft-timed suggested precaution of administering it through a cane, a quill, or glass tube, we have long since discarded, believing that to be the most effective way of bringing it into contact with the teeth. The only precaution we advise, is largely diluting the dose with water, to which a little glycerine may be added if convenient, and immediately washing or rinsing out the mouth with a solution of soda bi. carb., previously prepared and kept at hand. So far no indications have presented themselves to our observation of any injury whatever to the teeth, although we have made frequent investigation to ascertain if such had occurred. Should large doses have the effect of producing any irritability of the bowels, we endeavor to restrain it by the least possible doses of some form of opium. While we do not approve of the use of opiates for delirium, sleeplessness, pain, or other nervous manifestation—for which we resort to the bromides, bromidia, chloral hydrate, cannabis Indica, hyoscyamus, belladonna, or other hypnotics or anodynes of this class, we do not hesitate to use the most convenient form of opium when loose or watery alvine discharges occur.

The late Prof. W. K. Bowling, has on frequent occasions, mentioned his clinical experience while in charge of the erysipelas wards of the military hospitals at Nashville—many hundred cases coming under his observation, that whenever diarrhoea occurred in erysipelas, death almost certainly followed, especially if it was protracted for any great length of time. On the other hand, he stated that in all, or nearly all the cases coming under

his observation, when the bowels were more or less sluggish, with a decided tendency to constipation, he almost invariably correctly anticipated a satisfactory termination of the disease. Similar observations on our own part, have fully justified us in the most sparing use of even the mildest laxatives.

Arterial sedatives, such as aconite and veratrum, we have likewise avoided from their depressant character, having ever been apprehensive of anything whatever that had the least tendency to lower the tone of the system. Digitalis, however, more of a heart tonic than anything else, we never fail to use when the correct indications of any weakening of the great central organ of circulation are manifested by a marked, or even perceptible, abbreviation of the systolic sound of the heart, giving it in ten drop doses, three to six times per day.

Spts. æth. nit. we have occasionally used with apparent benefit in connection with the tr. ferri. chlor., if there is marked diminution of the renal secretion.

Quinia Sulph. we give in full doses, 3j. to 3ss. divided so as to be taken at three or four intervals between 6 p. m. and 6 a. m., continuing it every night so long as the temperature reaches above, or attains, 103° Fahr. We believe it to be not only the m<sup>st</sup> reliable antipyretic, but for other reasons, consider it, in conjunction with the tr. ferri., to be among the most valuable remedies in this disease.

Alcoholic stimulants should be resorted to, in the form of milk punch, egg-nog, or brandy and cream, whenever the vital forces show the least inclination of flagging. Not resorting to them, however, too early in the progress of the case—in many cases not being needed, and for fear of adding to the excitement in the early stages; and in all instances to be used in moderation, just merely to slightly stimulate, or encourage the failing forces of the system.

Good, nutritious, and easily assimilable diet; endeavors the overcome the repugnance to food by appetizing and variable, but nutritious and easily digested articles of food, are of no little importance.

Finally, as regards local treatment, while it has been discarded

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by some who are recognized authorities, others of equal eminence, advise various, and more or less widely differing measures. Nitrate of Silver in solution we have never found of any great benefit, and the making a limiting boundary to the farther advance of the disease, by means of the solid stick of Argentum Nit., we have long considered as futile as the commands of King Canute to the advancing waves of the ever rolling sea.

Iodine, Bromine, the actual and potential cauteries, warm and cold applications, hot and cold cranberry poultices, hot fomentations, and ice, and ice cold water, dusting with flour, calamine, white lead, lead and opium, sulphates of iron, alum and tannin, boracic acid, soda, and many other similar and dissimilar preparations, have from time to time been used. Vallette, of Lyons, recommended highly the perchloride of iron 3j, in water f 3iv., not merely painted on the part, but rubbed in thoroughly with a piece of lint or cotton wool. Hyposulphite of soda in saturated solution f 3ij., with glycerine f 3j., I have occasionally used, but am not thoroughly satisfied with it. It possesses the one advantage of not subsequently obscuring the appearance of the part.

In 1874, Dr. James Franklin, of Sumner county, at that time grown gray in an active and honorable practice of more than forty years, recommended to us the following:

R. Quinia Sulph.....	3j.
Tr. Ferri Mur.....	f 3ss.
Tr. Cinchona.....	f 3iss. Ms.

Signe: Apply locally all over and just beyond the inflamed area, with a soft camel's hair pencil or feather, two or three times in twenty-four hours.

With the results of this preparation, as a local application, we have been well pleased in the past dozen years, during which time we have frequently used it, and in some very aggravated and severe cases. The only objection we have to its use is the dark mahogany colored discoloration, which however, disappears entirely with desquamation or exfoliation of the scarf skin succeeding resolution. Its more than satisfactory results otherwise, more than counterbalance this. In the last number of the Philadelphia *Polyclinic* we noticed a brief paragraph to the effect that

Prof. Garretson used a somewhat similar lotion locally, his formula being :

Quinia Sulph.....	3j.
Tr Ferri Mur.....	f 3j.
Tr Cinchona.....	f 3j.

S. use locally.

This is the only allusion or reference to the use of iron locally, other than Vallette's idea that we have seen. I do not pretend to say how it acts, but suppose, that it is more of a germicide than anything else—or if not a germicide, possibly possessing powers of sterilizing the blood and tissues of the affected locality.

In cases involving the deeper layers of connective tissue, if accompanied by the formation of pus, its immediate evacuation, by sufficient incisions, is demanded. When blebs, bullæ, vesicles or pustules appear on the surface, and break and discharge their contents, I apply over the part so involved, four to six times in the twenty-four hours, equal parts of aqua calcis and oleum lini, to which is added one-sixth to one-fourth part of listerine, or bromo-chloralum; these latter being proprietary medicines, it is true, but both are unirritating, and are unquestioned deodorizers and disinfectants.

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### *Selections.*

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UTERINE HÆMOSTATICS.—It is not long since it was the custom to treat all forms of hæmorrhage from the uterus with ergot. This drug undoubtedly has a specific action upon the involuntary muscular fibres of the uterus, but a mistake has been committed in relying upon it exclusively to control all forms of uterine hæmorrhage. Where the flow is sharp and sudden, as in post partum hæmorrhage, or where it is desired to set up powerful contractions of the uterine walls to expel fibroids, there is nothing which can equal ergot; but there are many forms of bleeding from the womb which are the best controlled by other drugs.

In the hæmorrhage attending threatened miscarriage in the early months, for instance, viburnum prunifolium is of great value. It is a true uterine sedative, and its action is not only to

check the hæmorrhage by quieting the circulation, but also to prevent the miscarriage, by putting a stop to the continuance of the uterine pains. Where the hæmorrhage is so considerable as to be in itself threatening, it is often desirable to combine ergot with the viburnum prunifolium, has lately been thoroughly discussed by correspondents of the *British Medical Journal*, and a great deal of testimony has been offered to show the efficacy of the drug in preventing abortions, even in cases where it seemed impossible to avoid the loss of the contents of the uterus. The Englishmen seem to prefer to administer the drug in the form of the solid extract, but there is no reason to suppose that the fluid extract, which is almost the sole preparation in use in this country, is not thoroughly efficient.

*Hydrastis canadensis* is another drug which is valuable in certain forms of metrorrhagia and menorrhagia. It is not well adapted for use as a preventive measure, but should be given after the flow has begun. According to a recent writer in the *Medical News*, it may well be combined with *nux vomica* or *strychnia*, if there be any marked irritability of the vaso-motor nerves.

In cases of long continued hæmorrhage, the administration of *hamamelis* often gives most satisfactory results. The class of cases to which it is best adapted is just those stubborn forms of dribbling hæmorrhage, which try the patience alike of physician and patient, and often result in a greater drain upon the system than the sudden and severe flowing, whose control is the special province of ergot.

Fordyce Barker is quoted as recommending arsenic in the treatment of menorrhagia, and in the irregular hæmorrhage which occurs at the time of the menopause. He is quoted in the article referred to in the *Medical News* as advocating the continued use of arsenic during the inter-menstrual period, giving full doses of the bromides just before the expected time of the cata-menia. The value of this continued administration of arsenic is supposed to lie in its relief of the anæmia, which is the underlying cause of the hæmorrhage.—*Northwestern Lancet*.

THE SURGICAL TREATMENT OF CORNEAL OPACITIES—A NEW METHOD OF DEALING WITH THEM.—Dense corneal opacities resulting from corneal ulcers, etc., have long been regarded as among the most hopeless of the eye cases. Sometimes judicious treatment has succeeded in removing so much of the opacity as to give tolerable vision. In other cases an iridectomy has enabled the patient to see around the opaque corners. But now Prof. Von Hippel, of Giessen, removes a portion of the useless cornea down to the membrane of Decemet, and then fills the vacancy with a piece of clear cornea taken from a rabbit's eye. Dr. L. W. Fox, in the *Medical and Surgical Reporter*, gives an account of the technique of the operation thus. The opaque cornea is removed by a trephine driven by clock work, and the cylinder is regulated so as to cut to but not through the membrane of Decemet. The eyelids are separated, and cocaine applied to the cornea. After the circular incision is made the leucomatous tissue is dissected from Decemet's membrane. This is done by grasping the inner lip of the incised tissue and with the greatest care and precision removing the corneal substance. If, on its removal, Decemet's membrane protrude through the circular opening, a paracentesis of the anterior chamber is made to relieve the intra-ocular pressure, the opening being made at the sclero-corneal junction.

The rabbit from which the graft is to be obtained is a healthy young doe. The eye being cocainized, is drawn forward by an assistant who has inserted under the superior and inferior recti muscles two strabismus hooks; the eyelids are kept open by an ophthalmostat; the drawing forward of the globe enables the trephine to be inserted and watched more accurately in its incision; the cut is made through the cornea and Decemet's membrane; this graft is then inserted in the incision made in the eye of the patient; a fine probe running through the cylinder of the trephine is pushed downwards, forcing the graft into place; after the removal of the trephine the upper lid, which is drawn forward and downward is pressed against the inlaid tissue, all being held firm by a firm pressure bandage, delicately adjusted; the patient of course lying on his back. After three days the band-

age is removed and the eye examined. If the graft is *in situ* it will probably be somewhat hazy; if the edges have not turned upwards a successful result may be prognosticated.

These results were reached by experiments extending back ten years. The experiments made are numbered by hundreds. Finally he did the operation successfully upon the human subject. From the account given, we are impressed that a valuable addition has been made to the resources of the ophthalmologist. Should others working in the same manner reach the same results there will be no doubt remaining. Doubtless many eyes will be lost during the experimental state of the operation, but if care be taken that only useless eyes be selected, the result will on the whole not have harmed the patient, and successes will be absolute gain.—*The American Lancet.*

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TREATMENT OF ANAL FISSURE AND HÆMORRHOIDS BY GRADUAL DILALATION.—Anal fissure or irritable ulcer, according to statistics, ranks third in frequency among the diseases of the rectum, is found in the infant as well as in the octogenarian, and is due principally to the passage of hardened faeces through the sphincters. Although insignificant in character, it causes fully as much exquisite agony as any ill that human flesh is heir to. Very many simple fissures get well promptly, but where, by frequent mechanical irritation, they come to stay, it is then beneficial treatment is desirable. Many cases will, however, refuse a radical operation, and for this reason Dr. H. O. Walker (*N. Y. Medical Journal*, July 30, 1887) recommends the treatment of such cases by gradual dilatation. He was led to employ this process in a case which refused operation, and in which various forms of treatment by suppositories failed to produce relief. Dr. Walker is this case introduced a bi-valved rectal speculum, slightly separating the blades and allowing them to remain *in situ* for about two minutes. This procedure was continued daily, gradually increasing the dilatation at each sitting until the blades were separated to their fullest extent—about two inches in diameter. This treatment was continued until there was an entire subsidence of all previous symptoms, with a full healing of the fissure.

and hæmorrhoidal tumors and disappearance of constipation, entire treatment lasting about five weeks. Dr. Walker likewise reports in detail four other cases taken from a record of upwards of fifty which he has treated by this method, and which he considers are fair representatives of the character and results of the whole. In all of these cure was produced. In conclusion, he recommends the treatment of anal fissure and hæmorrhoids by gradual dilatation on the following grounds:

1. It is almost painless, at least after the first two or three distentions.
2. It does not tear the parts, nor does it produce paresis, as occasionally occurs after forcible dilatation.
3. Neither does it leave cicatrices that are apt to produce stricture, as in the method of hypodermic injection or ligature of hæmorrhoids.—*Therapeutic Gazette.*

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A DIFFICULT TRACHEOTOMY.—Dr. J. Solis-Cohen has recently performed the most difficult tracheotomy in his experience. As long usual with him, it was performed without anæsthesia. The case was one of malignant tumor of the thyroid gland, with marked curvilinear deflection of the trachea to the left. The incision had to be made directly through the enlarged isthmus of the gland. This stricture was so calcified posteriorly as to necessitate the use of the curette to scrape a way through to the trachea. After the trachea had been opened, a terrific hæmorrhage took place from a portion of the tumor which had penetrated the left side of the trachea. This hæmorrhage was so sudden and so profuse that, had the patient been unconscious, he would, in all probability, have perished through inability to obey instructions necessary—place his neck in a favorable position and to cough out the blood as it flooded the air passage. On account of the bend in the trachea it was found impossible to introduce the canula with the aid of the ordinary pilot conductors. Trousseau's dilator and Golding Bird's dilator both failed, but with the three-valved dilator of Laborde, fortunately at hand, it was found practicable to keep the opening patent and push the impeding swelling to one side so as to admit of the introduction of the tube.

Some haemorrhage has taken place at times since, from the interior of the trachea, but the case has gotten along quite well. Dr. Cohen took advantage of the exposed portion of the diseased gland to apply potassium chlorate thoroughly, in powder, to see whether it would have as good an effect as in some instances of external epithelioma. A portion of the gland seems to have become disintegrated and discharged through the external wound, and the size of the tumor has diminished to such an extent that at the end of two weeks the length of the tube had to be lessened by nearly one-half an inch, and the tracheal opening has receded a little toward the middle line of the neck.—*The Polyclinic.*

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**URETHRAL CARUNCLE.**—Prof. Wm. Goodell in a clinical lecture recently delivered at the Hospital of the University of Pa., which we find in the *Polyclinic* for November, has the following in regard to this very annoying trouble:

“The next case is one of caruncle of the urethra. This is simply a very sensitive polypoid growth at the meatus urinarius. These growths vary in size and cause a great deal of pain on micturition, but there is no relation between the size of the growth and the amount of pain. The history which such a patient will give is, that there is pain in coition, especially at the first entrance of the male organ, that there is pain on micturition, and that she has a constant desire to pass water. As women are so liable to irritable bladder from a variety of causes, the real condition is often overlooked by the physician, who ascribes the symptoms to some uterine condition, and therefore makes no examination. In these cases you should always examine by inspection. Under the guise of passing the speculum, you can do this without difficulty, and determine whether or not there is any growth at the mouth of the urethra. If it is not convenient to make a visual examination of the part, you can, with the index finger in the vagina, press the thumb against the urethra, and at once the woman will flinch. The sensitiveness is so great that the patient will shrink from the touch even of a camel’s-hair brush.

In the treatment of this affection I catch the growth with a te-

naculum, and with the scissors remove it, taking care to include a considerable portion of the healthy mucous membrane around the growth. Having done this, I sear the raw surface with the Paquelin cautery. If this instrument is not available, the end of a knitting-needle, heated in the flame of an alcohol lamp, may be employed.

The question comes up at this point, Will not this operation tend to produce contraction of the meatus? I have asked myself that question many times. I have removed as much as three-fourths of the circumference of the meatus, and yet I have never seen any inconvenience follow the operation. I attribute this to the fact that here we are dealing with mucous membrane, which is not so liable as the skin to contract.

The cautery is applied to prevent the return of the growth. It is also of service in checking the haemorrhage. If there should be bleeding, it can be controlled by introducing a sponge into the vagina, allowing a portion to project from the vulva in such a way as to press on the urethra. The after-treatment of this case will consist in the application twice a week of undiluted carbolic acid (Calvert's No. 4) until the raw surface has skinned over. It is sometimes necessary to repeat the cutting operation, but this is not often called for. In those cases where the woman will not permit the operation, the growth can be touched twice a week with crystals of carbolic acid made fluid by heat. This is a painless application, and is effectual in mummifying the growth and rendering it less sensitive.

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PROF. TYNDALL ON LIGHTNING CONDUCTORS.—Prof. Tyndall, writing to the London *Times*, says: "Your recent remarks on thunder-storms and their effects induce me to submit to you the following facts and considerations: Some years ago a rock lighthouse on the coast of Ireland was struck and damaged by lightning. An engineer was sent down to report on the occurrence, and as I then held the honorable and responsible post of scientific adviser to the Trinity House and Board of Trade, the report was submitted to me. The lightning conductor had been carried down the lighthouse tower, its lower extremity being carefully

embedded in a stone, perforated to receive it. If the object had been to invite the lightning to strike the tower, a better arrangement could hardly have been adopted. I gave directions to have the conductor immediately prolonged, and to have added to it a large terminal plate of copper, which was to be completely submerged in the sea. The obvious convenience of a chain as a prolongation of the conductor caused the authorities in Ireland to propose it, but I was obliged to veto the adoption of the chain. The contact of link with link is never perfect. I had, moreover, besides me a portion of a chain cable through which a lightning discharge had passed, the electricity in passing from link to link encountering a resistance sufficient to enable it to partially fuse the chain. The abolition of resistance is absolutely necessary in connecting a lightning conductor with the earth, and this is done by closely embedding in the earth a plate of good conducting material and of large area. The largeness of area makes atonement for the imperfect conductivity of earth. The plate, in fact, constitutes a wide door through which the electricity passes freely into the earth, its disruptive and damaging effects being thereby avoided. These truths are elementary, but they are often neglected. I watched with interest some time ago an operation of setting up a lightning conductor on the house of a neighbor of mine in the country. The wire rope, which formed part of the conductor, was carried down the wall, and comfortably laid in the earth below, without any terminal plate whatever. I expostulated with the man who did the work, but he obviously thought he knew more about the matter than I did. I am creditably informed that this is a common way of dealing with lightning conductors by ignorant practitioners, and the Bishop of Winchester's palace at Farnham has been mentioned to me as an edifice protected in this fashion. If my informant be correct, the protection is a mockery, a delusion, and a snare."—*Scientific American.*

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FLUID EXTRACT OF PICHI IN VESICAL CATARRH.—Dr. H. S. Delamere, of Lubec, Me., referring to the use of pichi in the treatment of catarrh of the bladder, relates the following cases:

"A. B., æt. 28, had been suffering for two years from vesical catarrh. He had had gonorrhœa, but a No. 21 (French) bougie passed without difficulty, causing, however, considerable vesical tenesmus. When I called to see him he was passing urine every hour during the day and four or five times during the night. The urine was alkaline, ropy, ammoniacal, and the microscope revealed pus. I gave the usual remedies prescribed in country practice, such as buchu, uva ursi, etc., but without benefit. I then resorted to washing out the bladder by means of the double-channel catheter, with the effect of relieving my patient slightly. The least exposure, however, aggravated the symptoms and caused as much suffering as ever. After about a year and a half of constant treatment, with no other result than to keep the disease at bay, I received a sample bottle of fluid extract of pichi, which I tried. After the patient had taken it a few days he expressed himself as feeling better. He was now getting up twice during the night. But the sample was gone, and I was obliged to wait until I could get a fresh supply. In the meantime the patient grew worse; had to get up three or four times during the night. As soon as the drug arrived I commenced giving him 20 drops four times a day, which dose I increased to 30 drops. In a few weeks my patient was so much better that I abandoned washing out the bladder, and to-day he is at work. The urine is clear, free from mucus and has no ammoniacal odor. He sleeps well, and does not have to get up more than once during the night. Notwithstanding he has suffered recently from a severe cold, the bladder trouble has not returned. The man's general appearance is healthy, appetite good, and he seems well.—*The Medical Record*, Nov. 12, 1887.

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CATARACT EXTRACTION; AFTER TREATMENT.—Patients after cataract extractions are now never put to bed, but are treated always as peripatetic patients.

The eye not operated upon is always left open.

The silicated isinglass diaphenous strap for closing the eye operated upon is exclusively used as the sole eye dressing, and very

seldom requires removal. It remains on for five days, when it is removed permanently. Then no further applications are made.

The patient spends the first week of treatment in his moderately lighted room. From the first day he spends his time as he is disposed, in rocking chair or couch, or in walking about, conversing with friends, or being read to—the amount of day-light admitted into the chamber sufficing for this.

He becomes his own nurse, undressing himself at bed-time and making his toilet in the morning.

He eats three meals a day, and is not restricted in diet.

No smoked glasses are worn at any time in the hospital during the treatment. Patients are usually retained under observation in the hospital for two weeks after cataract extractions, and have the freedom of the house after ten days, going about passages, visiting from room to room, or using the parlor, at will.

When compresses, bandages and dark rooms were abandoned at this hospital eighteen months since, smoked glasses were no longer required by the patients. The eyes operated upon have at no time been excluded from light, and therefore have never become sensitive to require smoked glasses, even when exposed to sun light for weeks after the extraction operation.

Since the abolition of restraint, and the use of the isinglass strip to one eye as the sole dressing, patients do much better than under the former treatment of compresses, bandages and confinement to bed.

Very rarely is an eye now lost after cataract extraction, and since the introduction of bin-iodide of mercury washes 1 to 15,000. sloughing of the iris is never seen.—*J. J. Chisholm, in Maryland Medical Journal.*

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THE ÆTILOGY OF RHEUMATISM CONSIDERED FROM A BACTERIAL POINT OF VIEW.—Dr. Alfred Mantle ("Brit. Med. Jour.") draws attention to the circumstance that there are certain conditions of the body alike favorable to the development of rheumatism, scarlatina, and erythema nodosum. This, he says, argues that all these diseases are brought about by a similar poison. Holding these views, he set about making investiga-

tions in rheumatism. A drachm of serum was withdrawn, under the strictest antiseptic precautions, from the knee joint of a patient suffering with acute rheumatism. With this serum several sterilized tubes of gelatinized meat-infusion were at once inoculated, and in each tube a copious growth took place. He had found two kinds of bacteria—a micrococcus and a small bacillus. Cover-glass preparations of blood and serum showed micrococci as single cocci or pairs, and in acute cases zoogloea masses; in addition, small, short, thick bacilli were also seen, either single, in pairs, or in colonies. These bacteria were easily stained with methyl-violet, with fuchsine, or by Gram's method. In two cases of purpura rheumatica he found no bacilli. In one case of gonorrhœal rheumatism bacilli were found only in the blood. In chronic rheumatism and rheumatoid arthritis the bacteria were found. Might not the chemical products of these bacteria be lactic acid and thus form the chief ptomaine of the disease? The author found that cultivations of the bacteria of rheumatism, amygdalitis, erythema nodosum, and scarlatina, produced lactic-acid fermentation in sterilized milk.—*New York Medical Journal.*

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**MEDICAL APHORISMS.**—A correspondent of the *Canada Lancet*, signing himself "Artz," says that he came across the following professional aphorisms of Amèdee Latour, which are sufficiently curious and shrewd to merit reproduction:

1. Life is short, patients fastidious and the brethren deceptive.
2. Practice is a field of which tact is the manure.
3. Patients are comparable to flannel, neither can be quilted without danger.
4. The physician who absents himself runs the same risk as the lover who leaves his mistress; he is pretty sure to find himself supplanted.
5. Would you rid yourself of a tiresome patient, present your bill.
6. The patient who pays his attendant is but exacting, he who does not is a despot.
7. The physician who depends on the gratitude of his patient for his fee, is like the traveler who waited on the bank of a river until it finished flowing so that he might cross to the other side.
8. Modesty, simplicity, truthfulness! cleansing virtues everywhere but at the bedside;

there simplicity is construed as *hesitation*, modesty as *want of confidence*, truth as *impoliteness*. 9. To keep within the limits of a dignified assurance without falling into the ridiculous vauntings of the boaster, constitutes the supreme talent of the physician. 10. Remember always to appear to be doing something—above all when you are doing nothing. 11. With equal and even inferior talent the cleanly and genteely dressed physician has a great advantage over the dirty or untidy one—*Medical and Surgical Reporter*.

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**ETHER FOR TRISMUS NEONATORUM.**—The excellent result reported by a Belgian physician from the administration of ether by inhalation for trismus neonatorum, should lead us to try the method for this affection which so rarely responds favorably to medication.

Having a case of trismus neonatorum and having repeatedly given chloral and ether *per rectum* without producing any effect, the child rapidly becoming worse and seeming in imminent danger of death by asphyxia, he determined to administer by inhalation. In addition to this, artificial respiration was employed from time to time by means of a tube inserted into the nostrils. Some pieces of Rigollet's mustard leaves were also applied to the chest. The child was laid on its side according to a suggestion made by Marion Sims. The result of this treatment was that in a few hours the little patient's condition had improved to a very marked degree. The next day profuse perspiration occurred and the spasms entirely ceased. Shortly after this the child was convalescent.—*Weekly Medical Review*.

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**HYPERTROPHIC CIRRHOSIS OF THE LIVER CURED BY CALOMEL.**—Dr. Schnepp, of Vienna, states in the *Wien. med. Blatt.*, No. 14, 1887, that he had as a patient a woman, twenty-eight years old, who presented marked symptoms of cirrhosis of the liver. The liver, as demonstrated by percussion, was considerably enlarged. After a sojourn of five weeks at Carlsbad had resulted in no benefit, and brisk purgatives followed by opiates had

effected only a slight improvement, at the suggestion of Prof. Nothnagel, the patient was put upon an absolute milk diet, and given calomel three times daily, in doses of  $\frac{1}{4}$  of a grain. On the second day the faeces became yellowish, and the urine clear. After some weeks jaundice and ascites disappeared, the liver became smaller and the menses reappeared. At the end of three months the patient had taken one hundred doses of calomel and was completely cured. Pain, enlargement of the liver, ascites, caput medu-æ, were no longer present.—*Deutsche Medizinal-Zeitung*, Sept. 29, 1887.

**BICARBONATE OF SODIUM IN INCONTINENCE OF URINE.**—Dr. Sell recommends the administration of a teaspoonful of bicarbonate of soda in the evening before going to bed, as a useful agent for patients with incontinence of urine. He has found it to act marvelously in quite a number of cases, and he even cites cases where it acted curatively; whereas in others it caused a great amelioration of this disagreeable symptom.—*Weekly Medical Review*.

**LAFAYETTE MIXTURE.**—A modification of a mixture of copaiba, liquor potassæ, sweet spirits of nitre, and mucilage of gum arabic, known as the Lafayette mixture, was proposed by Bumstead, and is now generally employed in place of the original:

R.	Copaibæ, spirit. ætheris nitrosi.....	f $\frac{3}{4}$ j
	Liquor potassæ,.....	f $\frac{3}{4}$ ij
	Extract glycyrrhizæ,.....	$\frac{3}{4}$ ss
M. et adde		
	Ol. gaultheriae,.....	gtt. xvj.
	Syrup. acaciae,.....	f $\frac{3}{4}$ vj. M.

Dose— $\frac{1}{4}$  teaspoonful after meals.—*College and Clinical Record*.

**SANDER & SONS' EUCALYPTI EXTRACT (EUCALYPTOL).**—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied reports on cures effected at the clinics of the Universities of Bonn and Greifswald.

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1 gr. guaranteed to digest 1,000 grs. albumen.

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### PEPSINE TABLETS.

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Each Tablet contains one grain of Pure Pepsine (Fairchild's), and two grains of Bismuth Subnitrate (Squibb's).

### COMPOUND PANCREATIC TABLETS.

(FAIRCHILD.)

Each Tablet contains:

Extractum Pancreatis	- - -	gr. 3
Bismuth Subnitrate, Squibb's	- - -	gr. 2
Powd. Ipe-ac	- - -	gr. 1 10

### PEPSINE AND DIASTASE.

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In Tablets, each containing two grains.

### PEPSINE, BISMUTH AND PANCREATIC TABLETS.

(FAIRCHILD.)

Each Tablet contains:

Pepsin (Fairchild)	- - -	1 1/2 gr.
Ext. Pancreatis (Fairchild),	- - -	1 1/2 gr.
Bismuth Subnitrate (Squibb),	- - -	2 gr.

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## Reviews and Book Notices

THE STUDENT'S GUIDE TO DISEASES OF THE EYE. By EDWARD NETTLESHIP, F. R. C. S., Ophthalmic Surgeon to St. Thomas Hospital, etc., etc. Third American from the Fourth English Edition. With a chapter on Examination for Color Perception. by WILLIAM THOMPSON, M. D., Professor of Ophthalmology in Jefferson Medical College. Cloth, 12mo., pp. 475. Lea Brothers & Co., Philadelphia.

The extent of the sale of this now accepted authority has conclusively shown that a modestly expressed claim for favor was not an imaginary one. The introductory chapter on optical outlines is a wonderfully clear statement of the principles involved, to be so short a one. This desire for condensation has excluded the notice of some important anomalies of the optical mechanism ; e. g.: inversion of image, achromatism.

The interpolated chapter aims at supplying a system of tests for color-blindness, at once practical and not beyond the management of intelligent non-professionals ; the Appendix by the author contains also something on this curious deficiency.

The writer's decision of character has fully impressed his production, and this is nowhere more apparent than in the chapter devoted to operations. A very important part of the work to general practitioners is that embraced in the consideration of eye diseases in relation to general diseases and conditions ; and a paragraph (of vital sectional interest) relates to the *etiology of quinine blindness*.

The arrangement of the remedies employed into a formulary at the first part of the Appendix, is adopted and it contains much useful knowledge.

The copious index presents the new and highly commendable feature of defining in italics the unusual and obscurely denied technical terms.

The typography, the paper, the style of the volume, are all of  
88P

the best ; but an unusual error is annoying in the frequency of its occurrence. That is inaccurate reference to the cuts by the figures in the body of the work.

A sheet of Snellen's test-types is bound in the volume.

**ANATOMY, DESCRIPTIVE AND SURGICAL.** By HENRY GRAY, F. R. S., Fellow of the Royal College of Surgeons ; Lecturer on Anatomy at St. George's Hospital Medical School. The drawings by H. V. CARTER, M. D., late Demonstrator of Anatomy at St. George's Hospital. With additional drawings in later editions Edited by T. PICKERING PICK, Surgeon to, and Lecturer on Surgery at, St. George's Hospital ; Senior Surgeon, Victoria Hospitable for Children ; Member of the Court of Examiners, Royal College of Surgeons of England. A new American from the Eleventh English Edition. Thoroughly revised and re-edited with additions by WILLIAM W. KEEN, M. D., Professor of Surgery in the Woman's Medical College of Pennsylvania ; Professor of Artistic Anatomy in the Pennsylvania Academy of the Fine Arts, etc., etc., to which is added Landmarks, Medical and Surgical. By LUTHER HOLDEN, F. R. C. S. With additions by WILLIAM W. KEEN, M. D., 8vo. pp. 1100. [Price in cloth \$6, in full sheep \$7.] Lea Brothers & Co., Philadelphia. 1887.

The present edition of this most useful and popular text-book, shows the marks of revision more plainly than any that precedes it. Sections on General Anatomy, and on the Origin and Development of the Body, each rewritten and revised, have supplanted the introduction of the older book. Many of its errors of type and of detail have been expunged, and some very unsightly English has disappeared.

The work of the American editor has been thoroughly done. Briefly, it may be said that his additions have greatly supplemented the information on the brain ; have furnished many practical suggestions for the familiarization and application of anatomical facts, and have introduced several diagrammatic drawings, of great interest and value. We copy a part of his enumeration :

" In all, one hundred and thirteen new engravings have been added, of which many are original. These, with their descriptive matter, and likewise all my other additions, have been distinguished by brackets. Among these new illustrations are

many of the most obvious utility, such as a series of sections through important joints ; a series of frozen sections through the trunk, the extemities, and the female pelvis ; cuts illustrating the histology of various tissues ; the shoulder and pelvic girdles ; the interior of the nose and larynx ; the development and occlusion of the the teeth and the absorption of the alveolar processes ; the structure of the muscles ; the ligamentum nuchæ ; the Occipito-frontal and Interosseous muscles ; the palmar fascia ; a series giving the points for the application of electricity to the muscles ; a series on the circulation of the brain and spinal cord ; another series to illustrate cerebral localization and topography ; another on the cutaneous distribution of the nerves ; a number of cuts to elucidate the anatomy of the cerebrum ; two shewing the sympathetic nerve ; and others illustrating the peritoneum, the muscularis mucosæ, the female perineum, and the genito-urinary organs of both sexes. Wherever practicable, colors have been introduced to distinguish the veins, arteries and nerves, so that in the colored edition the American additions shall be in harmony with this novel feature of the latest English original. There is scarcely a section of the work, therefore, which has not been extensively enriched in the matter of illustrations."

Many of the incomplete drawings of Dr. Carter, and a few by others lately introduced, have been colored in a part of the present edition ; and so accurately has the work been done, that this joy forever has cost nothing in clearness and only "a dollah and two bits" per copy additional in the current coin of the realm.

We think it is perhaps the most creditable work of its standard publishers. At least in an examination as minute as the limited time accorded us would allow, our æsthetic sensibilities received no offense from the rubrical title page to the index.

**INSANITY, ITS CLASSIFICATION, DIAGNOSIS AND TREATMENT.** A Manual for Students and Practitioners of Medicine. By E. C. SPITZKA, M. D., President of the New York Neurological Society, etc., etc. Cloth, small 8vo., pp. 423. [Price \$2.75.] E. B. Treat, 771 Broadway, New York. 1887.

This work presents on every hand indications of its author's careful training ; and the evidence of accumulated experience is

put to efficient use in a pleasant and scholarly way. It is to be regretted that the writer has so far indulged in a brusqueness of style in dealing with the opposing views of other alienists.

It is the best work on this subject with which we are acquainted. It cannot fail to prove of service to the general practitioner in the neither unusual nor unlikely cases for differentiation, and in the clap-trap questioning of the witness-stand, for which our courts are making a most shameful record. In the latter particular it is especially useful, the more so that it keeps continually in view the gross errors of the judiciary and the laity. The insight it affords of the historical and moral aspects of this condition of disease, is well worth the cost of its acquirement to almost every class of students. The larger work of this author now in preparation is awaited with much interest.

The appearance and the material of the work are good, and its execution, with the exception of some faulty press-work, is above the average.

DISEASES OF THE HEART. Part II. DISEASES OF THE AORTA. By PROF. DUJARDIN-BEAUMETZ, Member of the Academy of Medicine, and of the Council of Hygiene and Salubrity of the Seine, Editor-in-Chief of the *Bulletin Général de Thérapeutique*, etc., etc. Translated from the Fourth French Edition, by E. P. HURD, M. D., 16mo., pp. 136. Paper 25 cents, cloth 50 cents. The Physicians' Leisure Library. Geo. S. Davis, box 470, Detroit, Michigan.

The three chapters, with their attendant notes, on the treatment of aortic aneurisms, form a comprehensive though a brief collocation of the known facts relative to the subject. Of these the first relates to the strictly medical treatment of such cases, and includes the injections of substances designed to influence the sac or its contents; the second treats of the introduction of foreign substances into the sac, and leads up to the employment of electricity in conjunction with these means; while to electrolysis alone the last chapter is directed. Some cuts in explanation of cases and of electrical apparatus accompany them.

We are indebted to the translator for not only a smooth, *English* translation of the work of the man, who so becomingly la-

bors in that field, from which the great Troussseau was taken ; but for many pertinent notes and revisions, modestly assumed and creditably performed ; and for an efficient index to this and to the former volume.

**TEXT-BOOK OF MATERIA MEDICA AND THERAPEUTICS.** Intended for the use of Students and Practitioners. By ROBERT T. EDES, A. B., M. D., formerly P. A. Surgeon U. S. Navy; Professor of Materia Medica, and Jackson, Professor of Clinical Medicine in Harvard University, etc., etc. Sheep, 8vo., pp. 552. Lea Brothers & Co., Philadelphia. 1887.

This work essays to present "a concise, practical, working view of the present state of Pharmacology and Therapeutics," which will save a learner unnecessary labor and inculcate no cherished theoretical views. It considers the pharmacological articles in groupings the most inclusive of their general characteristics, and gives consideration to many new but meritorious remedies and preparations, up to quite a recent period.

The style of the author is clear and unusually forcible ; and the most of the information he presents is well selected. A work of such a character and tone, even if in a well-tilled field, deserves a fair measure of success. We can recommend it to students as a work likely to prove satisfactory in many respects.

**THE PHYSICIAN'S VISITING LIST** (Lindsay & Blakiston's), Thirty-seventh Year, 1851-1888, with Many Improvements. P. Blakiston, Son & Co., Philadelphia.

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**MEDICAL NEWS PHYSICIANS' VISITING LIST** for 1888, issued by Lea Brothers & Co., 706 and 708 Sansom street, Philadelphia, is as handsome, compact, handy, and useful as any of its class. It is issued in three styles: Weekly (30 patients), Monthly and Perpetual. Price \$1.25. Bound in handsome red morocco, gilt edges, tuck, etc. With thumb letter index, for handy use, 25 cents extra.

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**DIFFERENTIAL DIAGNOSIS: A Manual of the Comparative Semeiology of the More Important Diseases.** By F. DE HAVILAND HALL, M. D., Assistant Physician to the Westminster Hospital, London. Third American Edition, revised and enlarged. Edited by FRANK WOODBURY, M. D., Professor of Therapeutics and Materia Medica, and of Clinical Medicine in the Medico-Chirurgical College, etc. Cloth \$2.00, pp. 255, Philadelphia, 115 South Eleventh street. D. G. Brinton.

The work is one of considerable value from the character of the information it contains and the ready availability of its form.

The more recent aids from chemistry and microscopy are duly given; and the advances announced in the medical press have been widely but judiciously noticed. Its extensive scope prevents an attempt to present any adequate idea of its contents.

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See the date of expiration of your subscription on the mailing wrapper of this number. This is the last number of our Ninth Volume, and subscriptions are in order.

## *Editorial.*

### SUCCESS SO FAR IN THE PREVENTION OF CHOLERA IN NEW YORK CITY.

From the latest intelligence received from New York, cholera, that seemed so imminent only a few weeks ago, has yet to obtain a permanent or positive foothold on this continent. We had some apprehensions at the time of the arrival of the *Alesia*, but hoped that no very serious results would occur from the *apparent* prompt measures that were taken. Subsequent developments, later facts obtained as to the *actual* methods of prevention in regard to the arrivals by the *Alesia*, and the absolute negligence—would it be too harsh to say criminal negligence?—in connection with the subsequent arrival of another vessel loaded with emigrants, at least from an infected locality, if not themselves infected, were indeed serious causes for alarm. The following extract from the last “*Bulletin*” of the Tennessee State Board of Health is so pertinent, and so worthy of our heartiest endorsement that we reproduce it:

“The vigilant health officers of Chicago, Cleveland, Baltimore, and Philadelphia all report having located and isolated, for observation, a number of these passengers, and also to have thoroughly disinfected their effects, or entirely destroyed the same by burning. For this, outside of their several communities, the public owe them a debt of gratitude. Again, the statement is given of one whose character is vouched for, that a few nights since he rowed to Hoffman’s Island, where the cholera suspects are supposed to be, and should be, under the closest surveillance, that nobody interfered with him, that he trafficked with them, and, on leaving, carried eight letters ashore to mail. While there he was told that a number of the detained passengers from off these infected vessels had escaped from quarantine, and that, from all he could see, there was nothing to prevent his boat-load from doing likewise, as he returned to shore, if they chose. While possibly some of the details as given above may be overdrawn, yet the fact stands out to be seen of all men that the quarantine of New York, under its present management, affords no protection whatever to the

American public against the importation of this Asiatic pest, and, with the additional fact before us that eighty per cent. of the 224,203 immigrants who arrived in this country in 1886 came through the port of New York, the extent of our peril would seem indeed to be alarming. Health officers in Tennessee, and everywhere else throughout the country, for that matter, would do well to recognize the solemn farce being enacted at the quarantine station of New York—the inexcusable condition of affairs reported at this our most dangerous and least protected point, and if Gov. Hill can not be induced to promptly remove this blot from off his otherwise strong administration, which seems to fall but little short of a reckless tampering with the public health, they should set about at once to make every possible preparation to meet what, at this writing, seems inevitable."

Taking a careful view of the premises, from a strictly impartial standpoint, we have no hesitation in asserting, that our safety at this time is due far more to the hands of a beneficent Providence than the efforts of the sanitary authorities of the great entrepot of America. The immediate advent of cold weather had far more to do with our present immunity than "the energetic efforts of the progressive sanitary officials" of Gotham.

"Providence helps those who help themselves," and while in many instances, even extends its protecting influences unasked and unaided, over an idiot, a lunatic, an infant, or a drunken sot, yet it will not do for us at this day and hour to wait for the coming rain to quench the flames in a burning house, nor will it do for us to calmly, indolently, and negligently await for Providence, adventitious chance, or approaching winter to arrest the progress of infectious and preventible disease.

We have in many of our States active, efficient, energetic, and self-sacrificing boards of health, also many local boards of like character. But what will their efforts avail if so vulnerable a spot is to be found in one of our most frequented approaches?

Clearly, we can not leave the matter of protection from certain diseases to individual, local, or State defences. The strong arm of the Nation—yes, with a big N.—is unquestionably demanded for the further and more successful insurance of safety from such dire and wide-spreading invasions. There is no necessity of over-riding State Rights. The States have certain rights that should ever be respected by the most liberal or most arbitrary General Government. But the State of New York, or its great commercial metropolis have no right

to inflict a wide-spread, death-dealing, and destroying epidemic upon the citizens of other States or localities. And if they will criminally neglect the necessary precautions, the General Government, through a National Department of Health, should exercise the authority that is unquestionably vested in it to enforce or secure these precautions and preventive measures. This is a duty of the General Government due other States and localities. What will the efforts of our own, or any other State, with a most efficient and the best equipped Board of Health avail or accomplish in the way of prevention, in proportion to what can be accomplished at our ports of entry? In the former we have the pound of cure—though it will cost us dearly—in the latter, the *ounce of prevention*.

An epidemic of cholera in Nashville amounts to at least sixty days of total stagnation of business, in addition to the loss of many lives, and untold suffering. The most heartless can but shrink with horror in contemplation of its multiplication in larger and more populous business centres. New York owes it to the interior towns and cities, from whom she has received so much of her vast wealth, her prosperity, and her success, to more safely, securely, and satisfactorily, watch, ward, and guard so important an approach to the vitals of our great country. The most ardent advocate of the extremest State Rights views would heartily accept and cordially hail National aid in the event of a foreign war to prevent the invasion of a hostile human foe, even though the first act of the National Government should be to proclaim *martial law*, utterly abrogating both State and local government. No violation of State Rights in this, nor is there in the National defences erected by the National Government to protect the harbor and approaches of any of our great or lesser ports of entry. They are there to protect the inhabitants of our seaport cities and towns from hostile invasion, by a foe who has not yet declared himself, and in protecting them, to protect other localities, both near and distant.

Asiatic cholera for some years has been on the war path, like the course of Empire, which this grim monster has ever followed, his march is westward. Shall he be invited to fasten his teeth in our very vitals by further criminal neglect at any point? The question is one well worthy of consideration, and has been quite recently, both thoughtfully and well considered, by so able an authority and so painstaking an observer as Dr. Geo. M. Sternberg, in his address as President of the American Public Health Association, in its last meeting at Memphis. His answer is unequivocal, his argument unanswerable. Will our law makers do their duty? Or shall the cry still be "How long, oh! Lord; How long?"

## SCRIBNER'S MAGAZINE.

Among the important articles to appear in *Scribner's* during the year 1888 are the following—send for prospectus:

*Robert Louis Stevenson* will contribute regularly to each number during the year. He will write of many topics, old and new, and in a familiar and personal way, which will form new bonds of friendship between the author and his thousands of readers. In the first paper, entitled "A Chapter on Dreams," appearing in the January number, he relates incidentally, in connection with the general subject, some interesting facts concerning the origin of the now famous story "Strange Case of Dr. Jekyll and Mr. Hyde."

*Railway Accidents*, by W. S. Chaplain, will be the first of an especially important and interesting series of papers on railways, their administrations and construction, including great engineering feats, famous tunnels and passes, and, indeed, those branches of the subject which in this day engage the attention of the whole country. The illustrations which will accompany this series will be very elaborate, original, and beautiful. The authors and the titles of the future articles will be announced later.

*Dr. D. A. Sargent's* papers on "Physical Proportions and Physical Training" will be continued by several of increasing interest, with as rich and unique illustration as those which have already appeared.

*Illustrated Articles* of special interest will be those on the "Campaign of Waterloo," by John C. Ropes; on "The Man at Arms," by E. H. Blashfield; two papers by Edward L. Wilson, illustrating results of recent Egyptian research; a further article by William F. Apthorp, on a subject connected with his recent contribution on Wagner, and many others of equal interest. Prof. Shaler's articles on the "Surface of the Earth" will be continued; and articles upon two of the most interesting groups of contemporary European writers will be accompanied by rich and novel portrait illustrations.

*Electricity* in its various applications as a motive power, explosives, etc., will be the subjects of another group of illustrated articles of equal practical interest, by leading authorities upon these topics.

*Mendelssohn's Letters* written to his friend, Moscheles, at a peculiarly interesting time of his career, will furnish the substance of several articles of great interest to musical readers, which will be illustrated with portraits and drawings from Mendelssohn's own hand.

*The Fiction* will be strong, not only in the work of well-known writers, but in that of new writers, in securing whose co-operation the Magazine has been so fortunate during its first year of publication. A serial novel, entitled "First Harvests," by Frederic J. Stimson, will be begun in the January number, and early in the year novelettes will be published by Henry James and H. C. Bunner. The short stories are of noticeable strength and freshness.

*Illustrations.*—The Magazine will show increased excellence in its illustrations. They will be more abundant and elaborate than ever. It is the intention of the publishers to represent the best work of the leading artists, and to promote and foster the most skillful methods of wood engraving.

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As a special inducement to our medical friends in the South and West, clubbing arrangements have been effected by the publishers of, Scribner and *THE SOUTHERN PRACTITIONER*; by which both periodicals will be sent to any address for one year for only \$3.00. Address Deering J. Roberts, M. D., No. 8 South Cherry street, Nashville, Tenn., Managing Editor of *THE SOUTHERN PRACTITIONER*. See advertising page 19 b.

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#### DR. MOSES GUNN—OBITUARY.

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We regret to chronicle the death of this able and gifted member of the medical profession, which occurred November 4, in Chicago, the city of his residence at that time. The following extract we take from the Detroit *Medical Age*, of November 10:

"His ability as a surgeon and as a writer, moreover, served to extend his reputation to all sections of our country, and to cause him to be regarded abroad as one of the ablest men of his day. Few men of the past quarter of a century have taught surgery to so many of the practitioners of his country, and the death of no teacher will be more generally mourned.

Dr. Gunn was born in New York State, April 20, 1822. He was of Scotch ancestry and was able to trace his family through a long series of lairds into a very remote past. He was graduated at Geneva Medical College in 1846, and immediately afterward removed to Ann Arbor, Mich., where he commenced practice. He brought with him from Geneva a cadaver and at once commenced to lecture on anat-

omy, his class being composed of about thirty students and practitioners. He gave three courses of lectures on this subject, and on the organization of the medical department of the University he was appointed to the chair of anatomy and surgery, which position he occupied until 1867, when he resigned to accept the chair of surgery in the Rush Medical College, of Chicago. In 1853 Dr. Gunn removed to Detroit, whence he visited Ann Arbor twice a week to attend to the duties of his chair. It was while living here that he lost, by drowning, his eldest son, Glyndon, aged 16. This son was a youth of great promise, and his untimely death cast a cloud over his father's life which the subsequent years did not suffice to remove."

He was an active member of the American Medical Association, having served as Vice President, and Chairman of the popular section on surgery. His well known form, tall and graceful, his genial face will be greatly missed in its future meetings.

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#### THE AMERICAN PUBLIC HEALTH ASSOCIATION.

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The last annual meeting of this important scientific national organization held at Memphis, Tenn., on Nov. 8, 9, 10, and 11, was a most satisfactory success. Full and carefully prepared reports of each day's meeting appeared in the enterprising daily journals of the Bluff City on each subsequent day. While the meeting was not so large as some which have preceded it, it was notable for its wide-spread representation—nearly every State being represented by able and active sanitarians and scientists, with prominent and well-known representatives from the Dominion of Canada.

The address of the President, Dr. Geo. M. Sternberg, U. S. A., delivered on the first day of the meeting was a marked feature. While it was lengthy, it was thoughtfully considered and carefully prepared, and will prove one of the most important papers that have yet appeared in the valuable transactions of the Association. He gave a very full, practical, scientific and lucid consideration of the germs factor in disease, that we regard as one of the most valuable and important contributions in this field of scientific research. His views so fully coincide with those we have entertained and advocated for some years past in regard to a proper consideration of Public Health by the General Government, that they meet our most hearty endorsement, although he does go quite far enough in our humble opinion, yet, possibly his measures constitute a step so far in advance of what has yet been at-

tained, perhaps it is as much as some of our State's Rights advocates who are, or try to be, near the throne, can stomach at one dose. If this step is taken, its advantages can but be perceived, and more will surely follow in due time. The other views advocated by him justly claimed and successfully demanded the earnest attention of the Association.

The other papers and discussions presented were fully in accord with the most advanced thought and established progressive ideas in sanitary matters.

We regret that our inability to be present, and the space at our disposal, prevents a more full and extended notice of the meeting. The best that we could do with the limited space in this number, would be a mere recital of the papers read. The full reports in the Memphis papers, and the reports that will appear in the various periodicals devoted exclusively to sanitary science, and the forthcoming volume of Transactions of the Associations will place this important and interesting meeting fully upon record, and will be quite available to those interested in public health work.

The following officers were selected for the ensuing year: Chas. N. Hewitt, M. D., of Red Wing, Minn., President; Geo. B Thornton, M. D., of Memphis, Tenn., First Vice-President; Joseph Holt, M. D., of New Orleans, La., Second Vice President; Dr. Irving A. Watson, Concord, N. H., Secretary; J. Berrien Lindsley, A. M., M. D., L. L. D., of Nashville, Tenn., Treasurer. Drs. H. B. Baker, Michigan, S. H. Durgan, of Massachusetts, and J. N. McCormick, of Kentucky, were added to the Executive Committee.

Milwaukee, Wis., is the next place of meeting; the time to be fixed by the Executive Committee, of which due and ample notice will be given.

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#### CLOSE OF OUR NINTH VOLUME.

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With this number we conclude our labors on the Ninth Volume of **THE SOUTHERN PRACTITIONER**. We have endeavored to have something each month to please each and every one of our readers. While we have not attempted the impossibility of having every line in accord with the wishes and desires of every one, we have endeavored by variety, both of subjects and matter, to place something before each one at least, that would gratify his taste, though he were ever so fastidious. It has been a labor of love, and an appreciable pleasure each month to collate, to clip, to cull and glean such views and ideas as we considered would be most acceptable to the multitude of friends gathered around our humble board. How well we have succeeded is attested by a voluminous pile of letters which we have received during the year, and which we shall ever preserve and cherish as the spontaneous, unsolicited expressions of approval of our efforts. Suffice it to say, that they more than encourage us to renewed exertions for the coming year.

In conclusion, we desire to heartily and sincerely thank our able and talented contributors, without whose valuable aid, our efforts would indeed have been "dull, flat, stale, and unprofitable." So wishing you all a merry Christmas, and a happy and prosperous new year, we will say to 1887, *vale.*

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### NEW YORK SANITATION FROM A HOME STANDPOINT.

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One of the leading Medical Journals of New York, *The New York Medical Journal*, published by D. Appleton & Co., and edited by Frank P. Foster, M. D., has the following in regard to the "Seventh Annual Report of the State Board of Health of New York," lately received:

"Apart from the consideration of local affairs, the New York report deals with but few matters of general interest. One of them concerns the question of allowing the sale of French canned peas and beans colored with copper sulphate. The documents that are given under this head are mostly written in pigeon English—execrable enough to make the members of the old Continental "committee on style" turn in their graves. But the conclusion, which is chiefly of interest, is that such products may safely be sold, provided the proportion of metallic copper does not exceed three quarters of a grain to the pound, the fact being "plainly stated on the label." What safeguard there may be in this or any other statement on a label, it is not easy to see."

Well! Well! Well! If these are the "wise men of Gotham," Governor Hill, by all means, "send them to sea in a bowl." Yes, clean out your stables. You may stand in need of a better team. For an improvement try an ass.

---

FAITH-CURE.—The faith-cure doctor took the hand of his patient, and, looking into his eyes, said: "I can cure you." Patient—"Are you sure?" "Very sure. All you've got to do is to believe. Just believe you're cured. That's all." "All right. I'll try it. Good day. "Hold on a minute, my man. Didn't you forget something?" "What?" "The fee. I charge a dollar a visit." "Oh, yes. Well, believe. All you've got to do is to believe I've paid you, and it'll be all right."—*St. Paul Globe*.—*Medical Register*.

An ancient chestnut from France, formerly appearing under the title of "A wise and just Judge." A poor peasant without a sou to his name, and hungry, looked into a pastry cook's window, and the sight of the tempting viands appeased his appetite. He was haled before the Judge of the District by the avaricious cook, who claimed that his goods had allayed the man's hunger. "A very correct demand," quoth the Judge, "but as he has no money, I will pay for him." "Look at this," holding up a golden Louis before the eyes of the plaintiff. "Do you see it?" "Yes," was the reply. "Well, as the sight of your food satisfied his hunger, the sight of my money will satisfy your avarice. *Call the next case.*"

—THE—

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**VOL. IX.**  
JANUARY 1 TO DECEMBER 31, 1887.

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NASHVILLE, TENN.:  
HASSLOCK & AMBROSE, PRINTERS AND PUBLISHERS, 122 CHURCH ST.  
1887.



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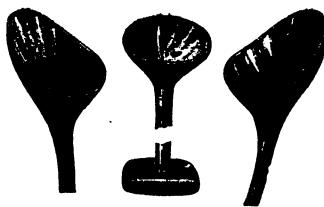
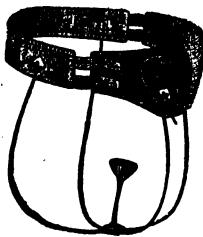
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**PREPARED FROM THE ALETRIS FARINOSA OR TRUE UNICORN.**

**INDICATIONS.**—Amenorrhea, Dysmenorrhea, Leucorrhœa, Prolapsus Uteri, Sterility, to PREVENT Miscarriage, etc.

**DOSE.**—One teaspoonful three or four times a day.

Unrivaled as a Uterine Tonic in Irregular, Painful, Suppressed & Excessive Menstruation

IT RESTORES NORMAL ACTION TO THE UTERUS, AND IMPARTS VIGOR TO THE ENTIRE UTERINE SYSTEM.

Where Women have aborted during previous Pregnancies, or in any case where abortion is feared, the Aletris Cordial is indicated, and should be continuously administered during entire gestation.

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**A MILD, SAFE AND PLEASANT APERIENT.**

**Prepared from Manna, Purified Cathartic Acid, and Fruit Juices.**

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**DOSE.**—ONE or MORE teaspoonfuls as directed by the Physician.

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## COMPOUND SYRUP OF HYPOPHOSPHITES

**FORMULA.** Hypophosphite Calcium 256 grains; Hypophosphite Potassium and Sodium each 128 grains; Hypophosphite Manganese, 16 grains; Solution Hypophosphite Iron, 96 minims; Hydrochlorate Quinine, 8 grains; Fl. Ext. Nux Vomica,  $\frac{1}{2}$  fl. dr.; Sugar, 12 oz. av. Water, 7 fl. oz.; Hydr-chloric Acid, q. s., Syrup Simp. q. s. to make 16 fl. oz.

Each fluid drachm contains 2 grains Hypophosphite Calcium; 1 grain each Hypophosphite Potassium and Sodium;  $\frac{1}{8}$  grain each Hypophosphite Iron and Manganese, and smaller quantities of bitter alkaloids.

**NOTE.** —This Syrup should not be confounded with the Syrup Hypophosphites of the U. S. Pharmacopœia. Physicians will readily infer from above formula the effectiveness of this preparation in restoring nervous and muscular power, by correcting defective digestion and producing perfect assimilation, developing the flow of the secretions, and supplying the necessary constituents for the blood, tissues and bone, thereby aiding other remedies necessary in the treatment of various diseases.

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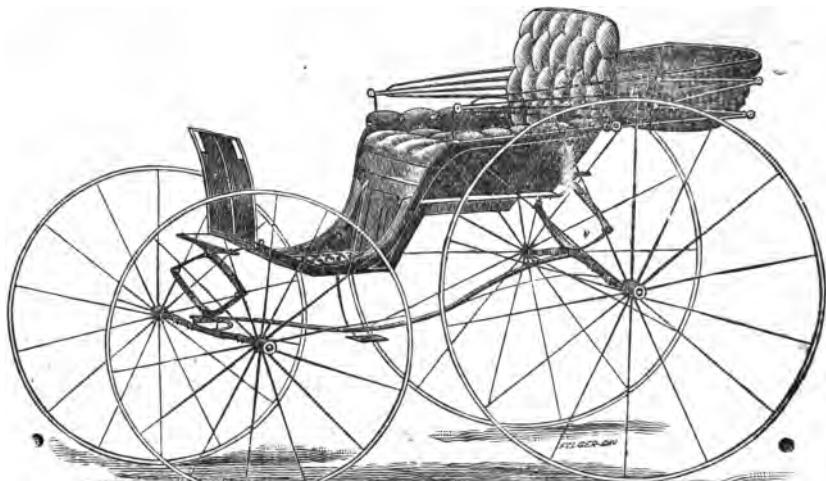
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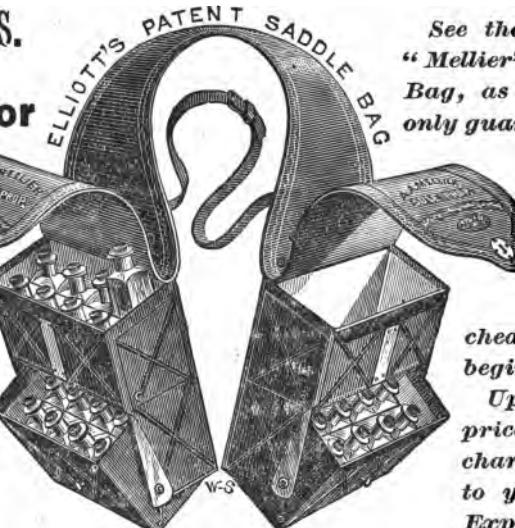
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E. Scheffer claims for his preparations uniformity, absence of odor and taste, and particularly stability. His Pepsines are not impaired by age, do not lose their digestive power, and do not assume an offensive odor when exposed to the air.

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Dr. RICORD says: By associating the Balsam of Copaiba with Pepsine and Sub-azotite of Bismuth the drastic properties of the Balsam and the disorders which it conveys to the digestive organs are annihilated, and have obtained the most desirable results from these Capsules.

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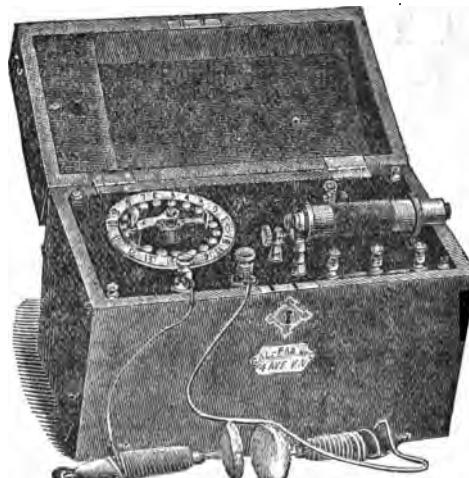
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We offer this compound as an *entity* to the medical profession to be used in the treatment of all diseases for which quinine is indicated. In chronic malarial troubles it will be found to be superior in every way. It is entirely free from all the unpleasant effects of quinine, and as decided an antiperiodic and antipyretic.

DOSE—From one to two pills every two hours, till 6 to 10 are taken during an intermission or daily.

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The Lactophosphates prepared from the formula of Prof. Dusart, of the University of Paris, combines with a superior Fernetin Sherry Wine and Aromatics in an agreeable cordial easily assimilable and acceptable to the most irritable stomachs.

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**THE SUPERIORITY OF THE ELIXIR** consists in uniting with the Phosphates the special properties of the Chinchona and Prunus, of subduing fever and allaying irritation of the Mucous Membrane of the Alimentary Canal, which adapts it to the successful treatment of Stomach Derangements and all diseases of faulty nutrition, the outcome of Indigestion, Malassimilation of Food, and failure of supply of these essential elements of Nerve Force and Tissue Repair.

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There is no strychnia in this preparation, but when indicated, the Liquor Strychnia of the U. S. Dispensatory may be added, each fluid drachm of the solution to a Pound of the Elixir making the 64th of a grain to a half fluid ounce, an ordinary dose, a combination of a wide range of usefulness.

**DOSE.**—For an adult, one tablespoonful three times a day, after eating; from seven to twelve years of age, one dessertspoonful; from two to seven, one teaspoonful; for infants, from five to twenty drops, according to age.

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Hypophos. Quinine .....	" 7-16
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1-18 grain Strychnia to tea-spoonful.

Only Chemically Pure Salts used in the preparation.

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To distinguish it from our other preparations of the Hypophosphites, we have given it the name of "Syrupus Roborans," and in prescribing please use this name to avoid confusion.

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**As a nerve stimulant and restorative in wasting and debilitating diseases, as well as an aid to the functions of digestion and assimilation, as a general tonic, a constructive agent in Insomnia, Pneumonia, Night Sweats, Rickets, Chronic Diarrhoea, Tuberculosis, Bronchial Asthma, Bronchitis, Children's Diseases, Marasmus, Neuralgia, Dementia, Strumous Diseases, Phthisis Pulmonalis, General Debility, Anæmia, and especially in Convalescence, this compound has no superior.**

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